

# Logan County Advisory Board Application

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

☐ Board of Adjustment

☐ Lodging Tax Board

☐ E911 Authority Board

☐ Pest Control District Advisory Board

☐ Emergency Medical Services Advisory Board

☐ Planning Commission

☐ Fair Board - See Other Application

☐ Other

My Qualifications are:

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I am interested in serving because:

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Signature

Date